

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004993

1. Entity Name
ACCUSONIC TECHNOLOGIES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
475 FALMOUTH HEIGHTS RD.
FALMOUTH MA 02540

Mailing Address
475 FALMOUTH HEIGHTS RD.
FALMOUTH MA 02540

2. Principal Place of Business
25 BERNARD E. ST JEAN AVE
Suite, Apt. #, etc.

3. Mailing Address
25 BERNARD E. ST JEAN AVE
Suite, Apt. #, etc.

REINSTATEMENT 2000

City & State
EAST FALMOUTH, MA

City & State
EAST FALMOUTH, MA

Zip
02536

Country
USA

Zip
02536

Country
USA

4. FEI Number
04-3380645

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* DATE 10/9/00 LS

Signature typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00.** After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAF, PAUL E % AXEL JOHNSON INC., 300 ATLANTIC ST. STAMFORD CT 06901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMORADA, JOSEPH F % AXEL JOHNSON INC., 300 ATLANTIC ST. STAMFORD CT 06901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEEL, THOMAS H % ADS CORPORATION, 5025 BRADFORD BLVD. HUNTSVILLE AL 35805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILLIAMSON, ALLAN J 5025 BRADFORD BLVD. HUNTSVILLE AL 35805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GATES, SIGNE S 300 ATLANTIC ST. STAMFORD CT 06901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYSOCK, STEPHEN J. C/O ADS CORPORATION, 5025 BRADFORD BLVD HUNTSVILLE AL 35805 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAWRENCE D. MILLIGAN % AXEL JOHNSON INC., 300 ATLANTIC STREET STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 300003493283--7 -12/11/00--01036--004 ****750.00 ****750.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William G. Garland % ADS CORPORATION, 5030 Bradford Dr Bldg 1, Ste 20 Huntsville, Alabama 35805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5030 Bradford Dr. Bldg 1, Ste 210 Huntsville, AL 35805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EINER M. ROD 300 ATLANTIC STREET STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIG H. Alfson % ADS CORPORATION, 5030 BRADFORD DR B1, STE 210 Huntsville, Alabama 35805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* NEQUIATE J. Williamson Date: October 9, 2000 (256)430-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)